Docket	Nο
DOGRE	110.

## **Declaration and Power of Attorney For Patent Application**

## **English Language Declaration**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

BIOMETRIC IDENTIFICATION AND SECURITY SYSTEMS ASSOCIATED WITH CASH REGISTER

	specification of which	ħ			
(ch	eck one)				
×	is attached hereto.				
	was filed on	as United States Application No. or PCT International			
	Application Number				
	and was amended on				
	(if applicable)				
l h	hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.				
l a	acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.				
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I hereby claim the benefit un application(s) listed below:	der 35 U.S.C. Section 119(e) o	of any United States provisional			
(Application Serial No.)	(Filing Date)				
(Application Serial No.)	(Filing Date)				
(Application Serial No.)	(Filing Date)				
Section 365(c) of any PCT Interior insofar as the subject matter of United States or PCT Internation U.S.C. Section 112, I acknowled Office all information known to Section 1.56 which became available or PCT International filing date of Internation	I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R. Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:				
(Application Serial No.)  (Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)			
(Application Serial No.)	(Application Serial No.) (Filing Date)				
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Stephen E. Feldman Reg. No. 22,743 Send Correspondence to: Stephen E. Feldman, P.C. 12 East 41st Street New York, New York 10017 Direct Telephone Calls to: (name and telephone number) Stephen E. Feldman (212) 532-8585 Full name of sole or first inventor Joseph Joseph Date T Sole or first inventor's 07-01-07 -T Residence Brooklyn, New York TU Citizenship **USA** Post Office Address Full name of second inventor, if any Date Second inventor's signature

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office

connected therewith. (list name and registration number)

Residence

Citizenship

Post Office Address

VERIFIED STATEME STATUS (37 CFR 1	Y Docket No.					
Serial No.	Filing Date	Patent No.	Issue Date			
Applicant/ Patentee: Joseph Joseph						
Invention: BIOMETRIC T	Invention: BIOMETRIC THUMB/FINGER PRINT IDENTIFIER ASSOCIATED WITH CASH REGISTER					
I hereby declare that I am:						
an official of the s	small business concern identifie small business concern empowe		pern identified below:			
I ■ TNAME OF CONCERN: Fa	mous Horse, Inc. d/b/a VIM Sto	res				
	: 470 Kent Avenue, Brooklyn, N					
thereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) 15 Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does 15 not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the 16 average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary 16 basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, 17 directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or 17 has the power to control both. 18 hereby declare that rights under contract or law have been conveyed to and remain with the small business concern 18 dentified above with regard to the above identified invention described in:						
· ·	the specification filed herewith with title as listed above.					
<ul><li>☐ the application identified above.</li><li>☐ the patent identified above.</li></ul>						
If the rights held by the organization having rights	above-identified small busine is to the invention is listed on the eventor, who could not qualify a qualify as a small business con	ne next page and no rights to as an independent inventor un	ider 37 CFR 1.9(c) or by any			

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:  No such person, concern or organization exists.						
	-			is listed below.		
FULL NAME			***			
ADDRESS _		Individual		Small Business Concern		Nonprofit Organization
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Separate ver	rified staten	nents are req	uired from ea	ach named person, concer	n or organiza	ation having rights to the
invention ave	rring to thei	r status as sn	nall entities. (3	37 CFR 1.27)		
를 [진] acknowledg	ge the duty	to file, in this	s application	or patent, notification of an	y change in	status resulting in loss of
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Title 18 of the	e United Sta	ates Code, an	nd that such w	rillful false statements may J	eopardize ine	validity of the application,
any patent is	suing there	on, or any pat	tent to which t	his verified statement is dire	ected.	
NAME OF PE	RSON SIGI	NING:				
TITLE OF PE	RSON SIGN	NING				
OTHER THAN	NOWNER:					
ADDRESS OF	F PERSON	SIGNING:	Famous Hor	se, Inc. d/b/a VIM Stores		
,	470 Kent Avenue					
	Brooklyn New York 11211					
SIGNATURE	· Tour	alt Assert		DA <sup>-</sup>	LE: 03-	67-09
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